

OHSU-Scappoose



OHSU Family Medicine in Scappoose is a rural clinic in Columbia County Oregon that has a population of 45,000 and was recently designated as a medically underserved area. We have 25,500 visits annually for our 8,000 patients.

Over the past four years, our clinic has rapidly grown. We have more than 12 clinicians and 30 plus staff, up from two clinicians and four staff. Our physical space has more than tripled.

Since beginning the SNMHI Collaborative, we have expanded our teams to include:

- 1MD
- 1LPN
- 1TC (Team Coordinator)
- 1Mid-level
- 2 Medical Assistants



Each team is co-located and responsible for outreach and care coordination of their assigned patient panel. We are using the medical home model to fulfill our mission of providing Columbia County with accessible, local, affordable, and high-quality healthcare for the entire family.

PARTICIPATION

What motivated your practice site to participate in this initiative?

Prior to our work on becoming a PCMH, we were struggling to make significant improvement in care. We saw this initiative as an opportunity to learn from and with other practices on the same path of transformation, and we wanted to find a way to make the change possible.

We knew we wanted to:

- Encourage and implement empanelment policies, sustainable workflows and team stability;
- Improve chronic conditions management; and
- Strengthen patient and community involvement to motivate improvement on patient satisfaction.

CHANGES

Change One: Medical Assistant to Clinician Ratio

We have gone back to a one Medical Assistant to one clinician ratio. After years of cost-cutting measures, we finally realized that the clinician needs the extra support of a dedicated medical assistant. We really aren't cutting costs if our clinicians are working 'under' their license. There is a much better ROI using medical assistants to do all the pre-visit screenings for depression, drug and alcohol abuse, reviewing a current medication list, ordering any needed immunizations, and any other health maintenance follow-up so the clinician can quickly review and discuss with the patient.

Change Two: Process Improvement Committee

We established a Process Improvement Committee (PIC). This PIC consists of staff from a variety of roles. All clinic process improvement projects, from patient satisfaction to improving clinical measures, are first discussed, prioritized, and planned for by the PIC. Committee members then work with their individual team to move projects forward. Having the medical assistants engaged in this process has made all the difference in the success of our initiatives. They bring real day-to-day perspective on how to best improve workflows, and they then engage other staff to participate in the process.

Change Three: Medical Assistants are Closers

They present the patient with the after visit summary, review all instructions, check in to see if the patient has any other questions, and also discuss the level of satisfaction the patient has with the appointment.



PATIENT IMPACT

"I think having a team coordinator has helped patients because they are not passed back and forth between nursing and front office staff as much. We are able to put the patient on hold for a minute and talk with each other about the best option for the patient, either to advise the patient over the phone or have them come in and be seen. Often, the coordinator is able to answer quick questions and then let the nurse know what they've shared with the patient." — LPN

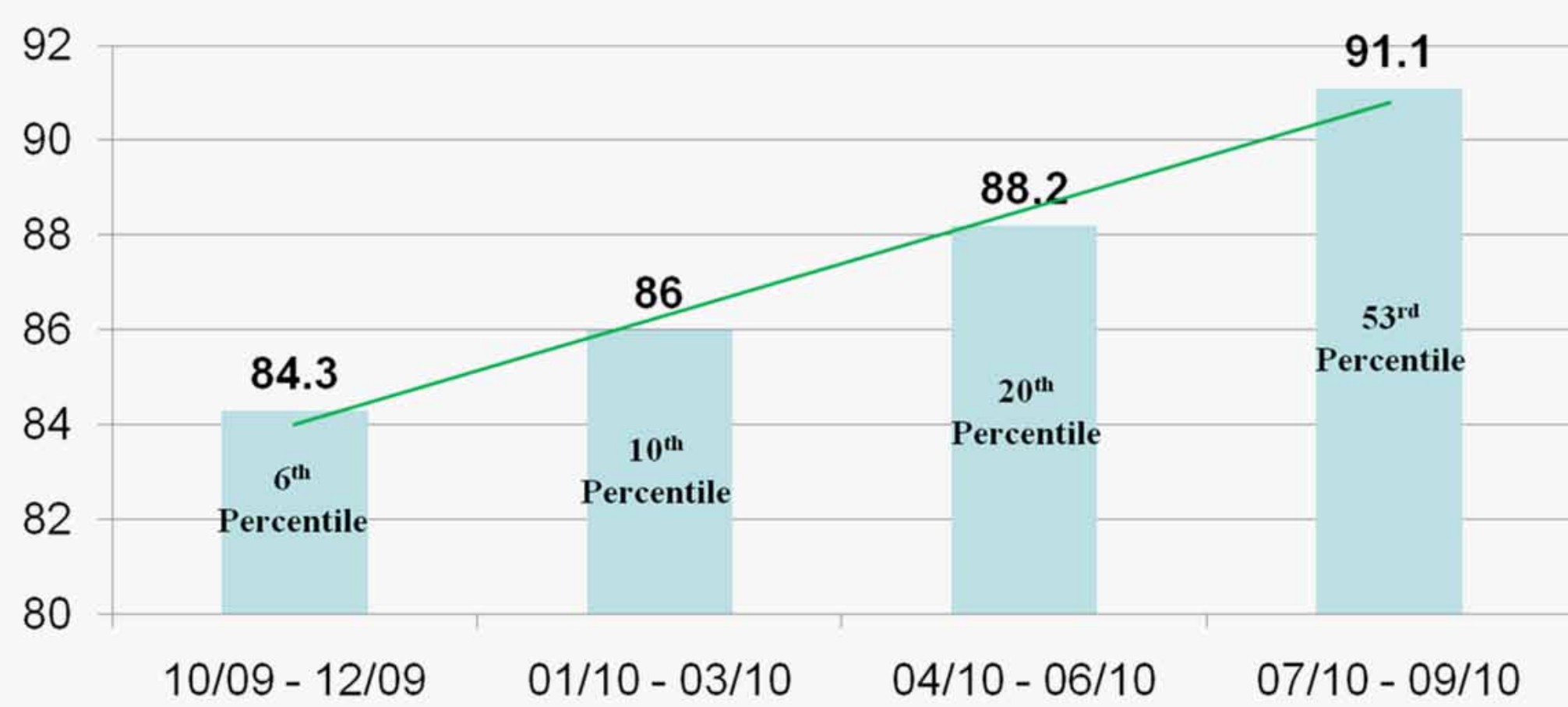
As a Team Coordinator, I am able to schedule patients according to the patients' and providers' preferences. Developing a relationship with our patients allows me to gain their trust so I can better help them with available resources. I do everything for my team from gathering hospital/urgent care records prior to the patient's visit, conducting administrative duties such as faxing, mailing and copying, to scheduling follow-up visits and relaying patient messages to the team. I also send out thank you cards to patients for choosing us to partner with them for their healthcare needs. I feel our patients benefit from the role I play as part of their health team." — Team Coordinator

PROVIDER OR STAFF IMPACT

"Before forming our practice improvement committee and involving the medical assistants from the beginning of any project, it was very difficult to drive change. There was a lack of enthusiasm and resistance to changing workflows or job duties. With the PIC meeting regularly, as a manager, I present a challenge then step out of the way so the team can come up with a solution – and they do! They review and track team metrics, and they have friendly competitions with other teams. They suggest solutions that make perfect sense. It's wonderful to witness. Having change occur from the bottom up has changed our clinic to an engaged culture." — Practice Manager

"Previously it had been my responsibility to lead teams in their projects and encourage improvements. Teams were not focused on a common goal and frequently lost track of the common goals for the clinic. With the PIC, the leaders are in control and are making sure that the weekly meetings are productive and focused. It puts the team's projects back into the hands of the team." — Administrative Assistant

Patient Satisfaction Overall Standard Mean Scores



Safety Net Medical Home Initiative



MacColl Institute at Group Health Cooperative